



WAIT LIST APPLICATION

FAMILY INFORMATION

Child's Name: _____

Sex _____ Date of Birth: _____ Anticipated Start Date: _____

Home address: _____

Home phone: _____

Parent/Guardian Name: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

Parent/Guardian Name: _____

Business Phone: _____ Cell Phone # _____

E-mail Address: _____

SCHEDULING

Preferred Schedule:

_____ AM class	8:30am - 11:30am
_____ AM class plus lunch	8:30am - 12:30pm
_____ PM class	12:30pm - 3:30pm
_____ PM class plus lunch	11:30am - 3:30pm
_____ Full day	8:30am - 3:30pm
_____ Extended day	8:00am - 5:00pm

Preferred days:

Monday	Tuesday
Wednesday	Thursday
Friday	

AM class is a minimum of 4 days.
PM class is a minimum of 3 days.

Days MUST be consecutive unless approved by owner.

Please return this application along with the \$25 application fee. If space becomes available, you will be contacted. A non-refundable registration fee of \$175 will need to be turned in before enrollment can be finalized.

Parent's Signature: _____ Date: _____

Eastlake Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies and other administered programs.

Date Recv'd _____
Fee Recv'd _____